U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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E	M622000

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U · / 0 4 3 5	2. Fiscal Year Covered From	
	01 / 01 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Nathaniel K Kinney	Name Painters Local Union 1791	
	Labor Organization File Number 024 - 562.	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2240 Young Street	Street 2240 Young Street	
City Hands.v	City Handulu	
State Hawaii ZIP Code + 4 968 26	State Haur. ZIP Code + 4 96826	
5. Position in labor organization.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	or derived income or other economic benefit of attour represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	-	
F.O. Box, Blug., Noom No., If any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Sie	gnature	
submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the stateled in the attacked form Ltt-30 representing south in the off December 3, 2004. According to present my south in the December 3, 2004. According to present my south in the December 3, 2004.	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.) The transactions, dealings, and intends that fort to recall the repidence incurrences for the periods of Shanny 1, 2000, were not kept for the issent fiscal freez, and some or many irons than	
Signed Nathail 5	On 8/15/05 (808)-94/-0991 Date Telephone Number to my attention that there exists a transaction dealing on interest the to December 31, 2004 I will file an amended form LM-30. Page 1 of 2	
have been unistentiably omitted. It is the fittine, it comes	Date Telephone Number 5 to my attention that one seasts a transaction, declary or inferest the	
Form EM-30 (2003) repatted for the period of Javary 1, 2004	t. Declination 31, 2014 I will file an amended Form LKJ-30. Page 1 of 2	

Name of Person Filing Nathraiel Kinner	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or seiling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, cr directly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name See attached.	a. Labor Organization			
Trade Name, if ary:	b. Trust			
P.O. Box, Bldg., Floom No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including tradε name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

8 Bordon Parties 900 For Sinet Mall Honoluly, 1-I 96813 Employer. #9 #10 Same is #8 above

7/25/04

Approximate Dite 11)a Nature of Such it ing Boston Red Sor Bischell

11) b Approximate Poller Value \$ 175,00

8 Painting Induty of Have! Labor Management 222 Vieger 1 Blod. Hanolule, HI 96813

#9b) Trust # 10 Sinc 213 #8

2/20/04 7/15/04

Board Meeting Board Meeting

Approximate Pate 11) a Number of Such Daling 11) to Approximate Pollar Usha \$ 56.94 \$53.14